

Space is very limited so ACT FAST

SSOMS K-Club Post-Trip Registration Form May 18-19, 2019

Name: (Per passport)		
Date of Birth:	Passport #	
Passport expiration date		
Name: (Per passport)		
Date of Birth:	Passport #	
Passport expiration date		
Address		
City/State	Zip	
Phone	Mobile	
If not listed above: Rooming wit	h	
PRICE IS \$388 per person	a based on double occupancy.*	
Deposit:	\$100 per person – *10% is non-ref	fundable up to 90
days prior to trip. After that time f	inal payment is due and all will be non-refund	lable.
Travel Insurance will be availab	ole, contact us for a quote on price (based o	n trip cost)
I accept insurance(initial)		
I decline insurance (initia		
0.	uggests that all clients have travel insurance.	_

Credit Card: Type	
CC #	Exp Date
Sec. #	
Name on card (Print)	
Signature	
Credit Card billing address if different from p	age 1
Please use card for final payment when due. Please give us just a little further information. 1. Do you have any physical ailments or special needs:	? 2. Do you have trouble walking?
3. Do you have food allergies?	
3. Do you have food allergies?	
3. Do you have food allergies?	

This package includes the following:

(date) _____

- 1 night at K Club in Deluxe Rooms
- VAT on all hotels
- Breakfast
- Transfer from The Europe to K Club (all guests together)
- Transfer from K Club to Dublin Airport

This package excludes the following:

- Gratuity
- Arrival transfers from Dublin Airport to your Dublin hotel

Return registration form to:

Linda Kinsey
Custom Travel & Cruise
4494 Stratford Drive
Douglasville, GA 30135
770-949-1133
770-855-8244 cell

linda@customtravel-cruise.com